

Witness Name: Shona Dunn

Statement No.: WITN7714003

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WITN7714005]

Dated: [26/10/2023]

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF SHONA DUNN

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Section 1: Introduction

I, Shona Dunn, will say as follows: -

- 1.1. My name is Shona Hunter Dunn. I was born on GRO-C 1969. My professional address is 39 Victoria Street, London, SW1H 0EU. In April 2021 I became Second Permanent Secretary at the Department of Health and Social Care (“DHSC”) and I remain in this role to date. This is my second statement to the Inquiry, and I refer back to my previous statement for further information about my role and responsibilities. I gave oral evidence to the Inquiry on 25 July 2023.
- 1.2. I am providing this statement in response to two further Rule 9 requests from the Inquiry dated 31 July 2023 and 11 September 2023, respectively.

Section 2: Modelling in relation to the costs of compensation

- 2.1. I have been asked by the Inquiry, what the main elements are that have been taken into account by DHSC in the modelling done to date, and what further modelling is anticipated, in relation to assessment of the potential costs of compensation for those infected or affected by the matters under consideration by this Inquiry. I have been referred, by the Inquiry, to a Financial Times article and, during my oral evidence, an article in the Sunday Telegraph. As I confirmed at the hearing, it would not be appropriate for me to comment on the content of those articles nor do I do so in this statement.
- 2.2. The Ministerial Code states in section 2 that; *“The internal process through which a decision has been made, or the level of Committee by which it was taken should not be disclosed. Neither should the individual views of Ministers or advice provided by civil servants as part of that internal process be*

disclosed.” Public policy also recognises a ‘safe space’ principle, under which the Government as a whole (both ministers and officials) should be able to consider and reconsider the formulation and development of policy options in a safe, private space without a requirement to discuss or disclose its developing thinking in public. These matters mean there are limitations on what I can disclose, but I am happy to provide general information where I am able to do so and do so below.

- 2.3. The Cabinet Office (“CO”) as the sponsor department to the Inquiry has made requests for input and information to support its work. DHSC has responded to those questions and requests where we have been able to provide relevant information which might assist the CO in the development of their understanding of the practical, legal and financial aspects of the Inquiry’s recommendations, with the intention of enabling the Government to be ready to respond when the Inquiry reports.
- 2.4. As Jeremy Quin, Minister for the Cabinet Office, stated in his evidence to the hearing on the 25 July 2023, the Government is looking at the recommendations relating to compensation alongside the other recommendations. As the Inquiry is aware, in December 2022 the Government made an announcement accepting the moral case for compensation. No final decision has been made on the nature of compensation payments, and this is ultimately for ministers to decide. Whatever decision the Government makes needs to be made on the basis of thorough analysis, which considers the range and potential scale of claims and awards that could be made.
- 2.5. That analysis has comprised of reviewing existing information provided by both Sir Robert Francis and Sir Brian Langstaff in their reports and the information they have received from the infected and affected community. In addition, as is standard such work, officials have examined similar national and international compensation schemes, including the most relevant infected blood support

schemes. When options are being assessed, the Public Sector Equalities Duties are considered to ensure that the implications of different approaches are fully understood, and this will continue at all points through to implementation.

2.6. This analysis has also been informed and underpinned by modelling (in line with the principles set out in the HM Treasury Green Book [WITN7714004]). DHSC analysts have considered and continue to review analysis relating to the potential numbers of infected individuals, as defined by the Inquiry's recommendations, degrees of severity of impact which the infected and affected have experienced, potential numbers of those that may apply for compensation (infected and affected) and the possible scale and nature of awards. Analysis of these issues draws on data where available, including:

- the Infected Blood Inquiry Statistics Expert Group's reports, which rely heavily on data from the Skipton Fund, United Kingdom Haemophilia Centre Doctors' Organisation (UKHCDO) and the UK Health Security Agency (UKHSA) for some cohorts, as well as the Expert Group's own technical statistical modelling,
- data from the existing infected blood support schemes, and
- Sir Robert Francis' and Sir Brian Langstaff's reports.

2.7. There is considerable uncertainty in the number of infected and affected, and how many individuals might be eligible for payment. That uncertainty is greater for some cohorts than for others; for example, we have greater but not absolute certainty regarding the numbers of those living with chronic infection, due to their receipt of support payments. There is considerably less certainty regarding other cohorts, including the numbers of deceased infected, as many may have died before registration with for example, the Skipton Fund (a conclusion shared by the Inquiry's Statistics Expert Group); or the number of individuals who have been affected by this tragedy.

- 2.8. The work described in paragraphs 2.3 to 2.7 has undergone, and will continue to undergo, rigorous quality assurance internally by the Government Actuary's Department ("GAD") and is being scrutinised by a cross-Government Technical Working Group with membership from GAD, NHS Resolution, the Government Legal Department, HM Treasury and CO.
- 2.9. In terms of what further modelling is anticipated, this will be a continuation of, and will build upon, the work already undertaken as described in paragraphs 2.5 to 2.7. The analysis will be updated to reflect any decisions taken on compensation and additionally, any other relevant information or evidence available to government at that point in time.
- 2.10. As the Inquiry is aware, in his evidence on the 26 July 2023 the Prime Minister stated that *"...the Government would wait for the conclusion of [the] Inquiry's findings so it has the full context and understanding of everything that is relevant to the situation before making final decisions."* The Prime Minister also noted that *"...we are making progress in resolving the years of injustice on this issue and bringing people the redress and recognition that they rightly deserve, and it will continue to be a priority"* and confirmed that *"...decisions on the fourth session legislation have not been made."*
- 2.11. As I stated when giving oral evidence, every effort is being made amongst officials and ministers to bring matters to a resolution and I remain deeply committed to continuing to progress this matter through my role as Second Permanent Secretary at DHSC.

Section 3: Report of research into bespoke psychological services

- 3.1. I attach to this witness statement a copy of the report on the issue of bespoke psychological services for victims of infected blood in England which was published on 10 August 2023 by the Policy Innovation Research Unit (PIRU). A copy was previously supplied to the Inquiry on the day of its publication [WITN7714005].
- 3.2. The Inquiry has asked for information on the steps the Department is now undertaking, or proposes to undertake, in relation to the psychological support available in England, following the receipt of this research, and the likely timescales for a decision or decisions to be taken about the commissioning of a specialist psychological support service.
- 3.3. As stated in William Vineall's statement to the Inquiry [WITN4688076] and reiterated in my evidence during the hearing on 25 July, PIRU was commissioned to undertake research into the current and likely future psychological needs of infected and affected, the extent to which existing services meet those needs, and beneficiaries' experiences of accessing support.
- 3.4. The research began in August 2022 and the final report was published on 10 August 2023. DHSC and NHS England officials received the final findings in July 2023 and these are being used extensively to help develop options for a bespoke psychological service in England.
- 3.5. As the Inquiry heard during my hearing session, the PIRU researchers and NHS England have begun to engage with key stakeholders on the findings of the report and the potential designs of any future service. The first session with support organisations took place on the 27 July 2023, with a follow up taking place on the 15 September 2023. In between these dates, I have been informed that further engagement took place with clinical experts from across the UK and the NHS. The feedback and insight gathered from these sessions along with the evidence from the research is being used to inform the design of the service.

No decision has yet been made on the timescale for introducing this service but NHS England is working towards doing so as soon as possible.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed:

GRO-C

Dated...26.10.23